

Crystal Cote, Assistant Director ccote@northamptonma.gov

67 Conz St., Northampton, MA 01060 Telephone: (413)587-1228 Fax: (413)587-1233 www.northamptonseniors.com

Dear Prospective Member,

Thank you for your interest in the Northampton Senior Fitness Center. The Fitness Center operates from 8:15am – 4:00pm Monday through Friday.

Enclosed you will find information on membership opportunities for the Fitness Center as well as important information on membership policies.

Memberships are available to Northampton Seniors age 60+, Northampton residents ages 55-59 and non-Northampton Seniors 60+ years.

All new members are required to have an orientation to the Fitness Center on the 16 pieces of strength training and cardio equipment to ensure the safety of the participant and the care of the equipment. Once you have completed your paperwork you will be called to schedule an appointment to be oriented on the use of the equipment. If you have been a previous member of the Fitness Center, but it has been over eight months since you've been in, you will need to complete all new paperwork and have an orientation on the equipment.

Thank you for your interest in our Fitness Center. We believe you will have fun while at the same time maintaining a healthy routine in your day!

Patricia A. Shaughnessy, Director

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Fitness Center Information

Membership Fee for a Northampton Senior (60+)

\$10 per month

Members may pay for any number of months

Membership Fee for a Northampton Participant (55-59) \$15 per month

Members may pay for any number of months. Cost will be adjusted for month participant turns 60.

Membership Fee for a non-Northampton Senior (60+) \$15 per month

Limited to 25 non-Northampton Senior participants. Availability reviewed on an ongoing basis.

Important Payment Information

- Your first months' payment will be an adjusted portion of the monthly cost stated above. However, if you join on the first week of the month, payment for the entire month is due. Thereafter, monthly payments will be due on or before the 1st of every month
- We do not pro-rate memberships for time you are away for any reason.
- Your Health Insurance provider may pay for all or some of the cost of your membership to the Fitness Center. Check with your provider to see if they offer this benefit. When paying for your monthly fee, a receipt will be issued. Please keep this receipt for insurance purposes. If requested, an official accounting on letterhead will be furnished. Expect up to 5 to 10 days for this certificate to be provided.
- Please make checks payable to the **Northampton Council on Aging**.

Benefits of Membership

Members will have an orientation to all their physician-approved equipment. Members will also have the use of lockers for the storage of personal items during their workouts. The Senior Center is not responsible for lost or stolen or unattended personal items Members will enjoy a non-judgmental environment in the company of their peers. Plenty of free and accessible parking is available.

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Northampton Senior Fitness Center Process to join

- Carefully read and complete all forms. Physician's sign-off form may be faxed to NCOA 413-587-1233. Please note that the Senior Center operates it as a Fitness Center and not as a Rehabilitation Center.
- 2. Return completed forms only to Senior Center. Please keep informational forms for your files.
- Forms will be reviewed. If all forms are complete, including the Physician's form, you will receive a phone call from the Senior Center to schedule an orientation appointment.
- 4. If we receive your Physician's form by fax or mail, we will contact you to let you know.
- 5. The membership fee is due prior to your orientation. A Senior Center scan card is required to sign in. Please request a scan card at the reception desk. Your orientation will last 45 minutes to an hour. During the orientation, your machine settings will be determined and suggested starting weights, times, etc. will be discussed. Please ask questions!
- 6. There is a Fitness Center staff person on duty for limited hours most days for orientations and review. Please check the hours at the reception desk as they may change week to week. Current members using the fitness center are also a great resource if you forget how to adjust a seat or set your weights.



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Health Que	estionnaire	Date	
This information is con	nfidential and will	be used only	by appropriate COA staff
Name	Rirth date	Se	v· M / F. Phone·
rvaine.	Birth date Sex: M / F Phone:		
Address:	City, State and zip:		
Do you live alone?			
Emergency Contact: Name:		Relatio	nship:
Address:	Phone:		
	Phone:		
Please check any of the following dise	ase and or condit	ions you nave:	
*Heart disease	Arthritis (osteo	or rheumatoid)	Tuberculosis
*High blood pressure	Back pain		Poor memory
* Irregular heartbeat	Joint pain – wh	ere?	Low vision
*Stroke	Loss of balance		Hearing difficulty
* Breathing issues	Dizziness		
(incl. asthma, bronchitis, COPD)	Anemia		
*Hepatitis	Epilepsy		
*Diabetes	MS		
Migraines	Muscle pain – where?		
Hernia	Other		
are starred (*) conditions controlled?	Yes	No	
NO, please explain:			
lave you ever experienced any of the foll	owing during phy	sical activity?	
Shortness of breath, tightness, tightness in chest	t, lightheadedness, he	eart palpitations, s	shooting pain down arm, jaw pain? YesNo
Oo you carry medications with you?	Yes	No	If YES, what?
How often do you exercise? What do you do for exercise When was the last time you exercised?_ s there anything you think would be im			

this program? If yes, please elaborate on back of this form:

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Fitness Center

Participant's Agreement with the City of Northampton

I,	, hereby acknowledge that the activities offered
through the Northampton Counci	1 on Aging can be strenuous and have the capacity to exacerbate
existing conditions, to cause injur	ry or death. I hereby certify that I do not suffer from any
condition which would preclude	me from engaging in the activities of the Northampton Council
on Aging and that my answers to	the questions set forth are true, complete and accurate. I have
been advised to seek the advice o	of my physician to ascertain whether or not I should participate in
the programs offered by the North	hampton Council on Aging, and to the extent that I have so
inquired of my physician, I have	been cleared to participate. In consideration of allowing me to
participate in the programs offere	ed by the Northampton Council on Aging, I hereby release and
forever discharge the City of Nor	thampton, its' employees, agents and officials of and from any
liability for any personal injury o	r death that I may suffer arising out of my participation in a
program. I further covenant that	I shall not sue and that I shall not suffer or permit any suits on
my behalf to be filed for any claim	ms arising out of my participation in the programs offered by the
Northampton Council on Aging.	This agreement shall be binding on my heirs, assigns, executors,
administrators, and other represen	ntatives.
Signature	 Date

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Fitness Center Policies & Agreement

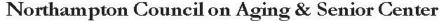
- Members must obtain a Senior Center scan card to sign in and schedule an appointment for an orientation to the Fitness Center and the 16 pieces of strength training and cardio equipment.
- If you have been a previous member of the Fitness Center but it has been over 8 months since you have participated, you must submit new forms:
 - --Fitness Center Policies & Agreement
 - --Participant's Agreement with the City of Northampton
 - --Health Questionnaire
 - --Physician's authorization
- Clean, appropriate footwear is to be worn during exercise. Athletic shoes recommended. No outdoor shoes or boots in the Fitness Center.
- Clean, comfortable clothing is necessary. Shirts are required. No plastic or rubberized sweat suits permitted.
- Please refrain from wearing strongly scented lotions, colognes or aftershaves in the Fitness Center.
- The NCOA is not responsible for members' personal possessions such as wallets, keys or jewelry. Please leave valuables at home. Lockers with keys are available for your convenience to use during your exercise workout.
- Beverages must be in a closed plastic container only. No food products in the Fitness Center.
- Members are responsible to wipe down equipment after use with towels or wipes provided.
- Members are to limit their time on cardio equipment (treadmills, bikes etc...) to a total of 30 minutes during peak Fitness Center hours. Be aware that others may be waiting for the use of equipment you are on.
- Members should adhere to the Senior Center Code of Conduct. Membership fees are to be paid in advance
 of using the Fitness Center. Non payment or non renewal means a participant does not have access to the
 Fitness Center.

By signing below I agree to abide by the above policies for the Fitness Center.	
signature	date

print name _____

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Informed Consent for Fitness Center

To the best of my knowledge, I am healthy and able to use cardio equipment and/or weight lifting machines. I understand and confirm that I will choose the level of activity that will not harm me.

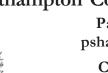
I hereby release the NCOA, City of Northampton, its agencies and its officers, employees or agents from any liability for my personal injury or otherwise, arising out of or in any way connected to my participation in this exercise program.

Doto:

Signa	.ture	Datc.	
Printe	ed name	e:	
Addro	ess:	Phone:	
Yes	No	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?	
Yes	No	Do you feel pain in your chest when you do physical activity?	
Yes	No	In the past month, have you had chest pain when you were not doing physical activity?	
Yes	No	Do you lose your balance because of dizziness or do you ever lose consciousness?	
Yes	No	Do you experience dizziness or light-headedness when exercising?	
Yes	No	Do you have a bone or joint problem that could be made worse by a change in your physical activity, or have you had a hip or knee replacement?	
Yes	No	Is your doctor currently prescribing drugs (i.e. water pills) for blood pressure or a heart condition?	
Yes	No	Do you know of <u>any other reason</u> why you should not do physical activity?	

In case of any questions or concerns, then MEDICAL CLEARANCE IS REQUIRED BEFORE an individual can register for the exercise program.

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PHYSICIAN'S SIGN-OFF FORM

Physician: Please check which weight training machines and cardio equipment the potential exerciser can or cannot use: Refer to diagrams on attached pages for more information.

Name of patient: ______ Tel. _____

Address:	Address: City/Town			
Northampton Senior	Center Fitness Equip	<u>ment</u>		
	Yes	<u>No</u>		
Treadmill				
Elliptical				
Recumbent Bike				
Upright Bike				
Ergometer (wheelchair accessible)				
Chest Press				
Shoulder Press				
Lateral Pull-down				
Arm Curl				
Triceps Extension				
Leg Press				
Abdominal Machine				
Back Extension				
patient, named above, has no current unstable rcise incorporating the above approved weight	-			
vsician (print name)				
vsician's signature	Date _			
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